

(M.A.X Initiative)  
**Maximize Your Potential Academic  
Enhancement Program  
Student Application**

**This program is only available to youth who live in households supported by the Charlotte Housing Authority (CHA).**

*Please return this application to the Client Services Department. You may fax your application to 704.353.1159 or email a scanned copy to [maxprogram@cha-nc.org](mailto:maxprogram@cha-nc.org). You may also drop it off at the guest services desk of the Charlotte Housing Authority Headquarters at 400 East Blvd. Call 704.336.8545 for more information.*

**STUDENT INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (MI) (Nickname)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ High School Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Most Recent Math Grade \_\_\_\_\_ Most Recent English Grade \_\_\_\_\_

**FAMILY INFORMATION**

Parent/Legal Guardian Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

**PROGRAM DETAILS**

Participation in this program requires time commitment and dedication. Please list extracurricular activities that you plan to participate in for the upcoming school year.

Activity	Time Commitment
1. _____	_____
2. _____	_____
3. _____	_____

Do you have reliable means of transportation to arrive at CHA before the 3:30pm start time and to return home?  Yes  No

Selected applicants will be required to interview at CHA prior to being fully admitted to the program. We ask that you provide a copy of your most recent report card at the time of your interview. Do you agree to these terms?  Yes  No

**SUPPLEMENTAL INFORMATION**

Have you ever received tutoring before?  Yes  No

If yes, please explain how you benefited: \_\_\_\_\_

What are some of the academic challenges you face in school?

In 2-3 complete sentences, please tell us why you deserve to be selected as a participant for the M.A.X Initiative. Please pay attention to use of correct grammar and punctuation. \_\_\_\_\_

Please use this space to tell the Selection Committee something unique about you that will assist us in our selection process.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_